



July 16, 2014

**Disabilities Leadership Coalition  
of Alabama**

Stephanie Azar  
Commissioner  
Alabama Medicaid Agency  
501 Dexter Avenue  
Montgomery, AL 36103-5624

Dr. Don Williamson  
Alabama Medicaid Agency  
501 Dexter Avenue  
Montgomery, AL 36103-5624

1115 Waiver Comments  
C/O Administrative Procedures Office  
Alabama Medicaid Agency  
501 Dexter Avenue  
Montgomery, AL 36103-5624

Dear Commissioner Azar and Dr. Williamson:

The Disabilities Leadership Coalition of Alabama appreciates the opportunity to provide comment on the State of Alabama's Section 1115 Demonstration Application, dated May 30, 2014, that will implement a new care delivery model for the Alabama Medicaid Program. The Disabilities Leadership Coalition of Alabama has been an active group of disability organizations and individuals working together on major disabilities issues. The Coalition has taken positions and strongly advocates for policies benefitting people with disabilities in several critical areas, including early education, community integrated employment and health care.

The Disabilities Leadership Coalition of Alabama has been actively attending and participating in the meeting regarding the future of Alabama's Medicaid program for persons with disabilities. It is the intent of the Coalition to inform individuals with disabilities and their families about potential changes in how health care and long-term care services and supports will be provided and how these changes will impact their lives. The issue of quality health care and continued Medicaid services is the most important issue and will have the greatest impact on the lives of individuals with disabilities. The Coalition was successful in the legislative process by securing representation of the Coalition a seat for representation at each of the proposed Regional Care Organizations (RCOs).

The Disabilities Leadership Coalition of Alabama supports the state of Alabama's efforts to establish Regional Care Organizations rather than commercial insurance

**United Cerebral Palsy of  
Alabama**

**Alabama Disabilities  
Advocacy Program**

**NAMI Alabama**

**Glenwood Autism &  
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**Alabama Head Injury  
Foundation**

**Alabama Family Trust**

**Alabama Mental Illness  
Planning Council**

**Protection & Advocacy for  
Individuals with Mental  
Illness Council**

**Alabama Council of  
Community Mental Health  
Boards**

**Autism Society of Alabama**

**VSA Alabama**

**Alabama Respite Resource  
Network**

**People First of Alabama**

**Ability Alliance of West  
Alabama**

**Resources for  
Independence**

**J.B.S. Mental Health  
Authority**

**Disability Rights and  
Resources**

**St. Martins in the Pines**

**Leading Age Alabama**

**Low Income Housing  
Coalition of Alabama**

**Alabama Disability  
Advocacy Network**

companies to transform Medicaid services. This approach hopefully will place program expenditures on a more sustainable course while simultaneously improving the quality and accessibility of services. The Disabilities Leadership Coalition of Alabama recognized that Regional Care Organizations can create a pathway toward higher-quality services and more predictable costs, but only if service delivery policies are well designed, contracts are tightly constructed and effectively implemented, oversight is ongoing and transparency is genuine and timely.

Cost savings can be achieved by improving health outcomes through improved primary and secondary prevention, care coordination and real time communication and eliminating inefficiencies, not by reducing the quality or availability of services. Designing and operating a new health care delivery system for children and adults with disabilities poses unique challenges given the highly diverse, wide-range of pediatric and adult specialists and subspecialists for medical and allied health services as well as the long-term services and support needs of the population. The central organizing goal of any system that is developed must be to assist people with disabilities to live full, health, participatory and contributing lives in the community.

#### **Health Home**

We applaud your efforts to utilize the Health Home Model to facilitate access in coordination of the full array of primary and acute health services, behavioral health care, and long-term community-based services. For individuals with disabilities and their families, a Health Home would be responsible for coordinating and providing access to preventive and health promotion services; mental health and substance abuse services; comprehensive care management, care coordination and transitional care across settings; chronic disease management; individual family supports; including referrals to community and social support; and long term supports and services.

The Disabilities Leadership Coalition looks forward to working with each RCO to implement the Health Home Model, especially with individuals with disabilities. We agree that this model will improve health care quality and clinical outcomes as well as the care experience, while reducing per capita costs through more cost-efficient care.

#### **Autism Services Should Be Covered**

Despite the alarming increase in the prevalence of Autism (1- in 68 births), the Medicaid Program provides little beyond some payment for developmental assessments and does not cover treatment such as Applied Behavior Analysis (ABA). The proposed waiver application is silent on ASD treatment services despite the 60+% of the demonstration population being children and youth. This is a glaring omission that should be addressed specifically in the application in addition to the RCO contracts. The Disabilities Leadership Coalition is very concerned and expressed this concern previously to the Alabama Medicaid Agency that specific language on what will be covered for Autism Spectrum Disorder children and children with other disabilities. The absence of language with respect to the Educational system and the need for collaboration with each child's individual education plan is also disappointing.

### **Rehabilitation Option Services**

How this issue will be handled in the new system of care is not covered to insure that the current array of rehabilitative services will continue, be embraced and compensated adequately. Unlike the general Medicaid healthcare program, the Rehab Option funded primarily with other state agencies' match, currently serves those individuals with disabilities who require a continuum approach to their quality of life and ability to live as independently as is possible. The Disabilities Leadership Coalition fears that these services will under the new RCO system will be limited and/or underfunded to the extent that individual recipients will not be served or will be underserved. The end result will require more expensive intensive care including hospitalization or other institutional care. Of particular concern are those children and adult with serious mental illnesses who without adequate supports will be trans-institutionalized to facilities such as detention centers, jails and prisons.

### **Provider Networks**

The provider network of each RCO should be sufficiently robust and diverse to meet the health care, behavioral health, and long-term support needs of all enrollees with disabilities. Each network should have a sufficient number of qualified providers, as well as fully accessible facilities and programs in each specialty area, to allow participants to choose among alternatives.

Beneficiaries with physical, sensory, behavioral, intellectual, and developmental disabilities require a far more varied set of providers and a wider range of services than the general Medicaid population. The diversity of needs is a direct analog of the variety within the population with disabilities in terms of causation, age of onset, functional limitations, and co-occurring disorders. Consequently, Alabama must carefully analyze the types of providers and service needs represented among the target population of enrollees, as well as current levels of access to providers and potential problems in ensuring network adequacy.

In addition, special attention is needed to ensure that service providers have the capacity and expertise to address the racial and ethnic diversity of populations targeted for services, as well as the physical, communication, cultural and linguistic barriers to access. Steps must be taken to (a) establish and maintain adequate provider networks in rural areas of our state; (b) reach out to homeless people; (c) afford people with disabilities a voice in the selection of network providers; and (d) provide access to out-of-network services when necessary to enable enrollees to receive.

### **Health Transformation Center**

We strongly urge Alabama Medicaid to include the establishment of a Health Transformation Center to be Alabama's hub for health system innovation and improvement. The goal would be to increase the rate of innovation needed to deliver better health care at lower costs and to improve the health of the citizens of Alabama. The Center would support each of the Regional Care Organizations and organize a system of peer-to-peer and rapid cycle learning that includes emphasis on learning systems, technological assistance, and dissemination of best practices. Some of the issues that could be addressed:

- Physical and behavioral health care integration
- Coordinating with community public health, community mental health, and long-term care and support
- Provider and patient engagement
- Health literacy
- Reducing health disparities
- Adoption of Patient Centered Care Standards

The recent quarterly report from the Oregon Transformation Center is solid proof that major improvements have already been achieved in the increased number of developmental screenings and reduced inpatient and emergency room visits. This interim early report should demonstrate the need for Alabama to have such a center to track progress as well as to educate consumers and providers in access and quality matters.

**Individuals receiving services through the Home and Community Based Waiver should not be excluded.**

The plan excludes individuals who are receiving services through the Home and Community Based Waiver for two years. The individuals enrolled in the Home and Community Based Waiver account for only a small percent of individuals with disabilities in Alabama. Will this impact the individual's potential for accessing medical services if not part of the RCO? We cannot think of any logical reason not to build the RCO networks as inclusive of all people with disabilities from the beginning. There are no data to suggest that the health care needs of individuals with disabilities receiving Home and Community Based Waiver Services are any different from those individuals either on the waiting list or in school. What is the plan for year three?

Thank you for the opportunity to comment on the Section 1115 Demonstration Proposal, Alabama Medicaid Transformation. The Coalition supports your efforts to improve care coordination and outcomes and ensure the long-term sustainability of Alabama's Medicaid program. The Coalition will work closely with Alabama Medicaid and each RCO to ensure that people with disabilities, family members, health care providers with expertise on serving this diverse population of children and adults, community provider agencies, and advocates to ensure they are fully engaged in designing, implementing, mentoring and evaluating the outcomes and effectiveness of the RCO and service delivery system. Active, open, and continuous dialogue with all affected parties offers the best prospects for creating, enhancing and sustaining a service delivery system that meets the needs of people with disabilities.

Sincerely,



Gary Edwards, Ph.D.

Co-Chair, Disabilities Leadership Coalition of Alabama



Greg Carlson

Co-Chair, Disabilities Leadership Coalition of Alabama